

STATE OF INDIANA

FRANK O'BANNON, Governor

PATRICK R. RALSTON, Executive Director

STATE EMERGENCY MANAGEMENT AGENCY DEPARTMENT OF FIRE AND BUILDING SERVICES PUBLIC SAFETY TRAINING INSTITUTE INDIANA GOVERNMENT CENTER SOUTH 302 W. WASHINGTON ST., ROOM E208 INDIANAPOLIS, IN 46204

ADVANCED EMERGENCY MEDICAL TECHNICIAN APPLICATION FOR RECIPROCITY

Applicant's Name		Name	(Last)	(First)		(Middle)	
/Iaili	ing Add	lress					
	J		(Street)	(City)	(State)	(Zip)	
Telephone # (Day)		(Day)	SSN#		Birth Date		
	icants for		ergency medical tecl	hnician certification ba	ased upon reciprocity	shall meet the following	
	1.	1. Be affiliated with an Indiana certified advanced emergency medical technician provider organization or supervising hospital.					
	2.			as an advanced emerger	ncy medical technician	from another state.	
	3.	Successfully passed the Indiana advanced emergency medical technician written and practical skills examinations as set forth and approved by the commission.					
		for certification eciprocity.	shall be postmarked	l or delivered to the co	mmission office with	nin six (6) months of the	
•	Did	you complete tl	u complete the D.O.T. Advanced EMT Course?				
	In w	hat State?			Date Completed		
	In w	hat state are yo	u currently certified?		Expiration Date		
l.	Prov	ovide proof of training for use of a manual defibrillator.					
5.	Tran	ease attach a copy of the course outline and all evidence that you completed an approved U.S. Department of an approved Emergency Medical Technician. Also include a copy of your rent State Advanced EMT Certification.					
				y by the State of Indian ions prior to submittin		to successfully complete the certification.	
Applicant's Signature					Date		
Pleas	se return	this form to:	-	ervisor, Public Safety Transferon, Room F239, Ind	_		

An Equal Opportunity Employer

Questions? Please call us at 1-800-666-7784